

## THE TUBERCULOSIS NURSE

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THE present crusade against tuberculosis, with the inevitable conclusion, that the majority of tuberculous patients must be given the benefits of open air treatment at home, is gradually opening a new sphere of usefulness to the trained nurse.

In her relation to the physician the tuberculosis nurse, in the main, occupies the same position as in other branches of medical work; the physician designates the method of treatment, the nurse puts it into execution.

The details of treatment of a tuberculous patient frequently require, however, such a radical rearrangement of the conditions of an individual home, that without a trained tuberculosis nurse the directions of the attending physician in many cases, are null and void to a great extent.

The mere outline of a consumptive's regime is much easier than its execution.

The trained tuberculosis nurse, in her relation to physician and patient, has a much greater sphere of activity, than in any other branch of medical work. In no other case is she as equal a partner of the medical man as in supervising the treatment of a tuberculous patient, as without her the application of a proper method of treatment is frequently impossible and the services of the physician are almost useless.

The management of a tuberculosis case at home presents the following two essential problems: first, protection of other members of the family from possible infection; second, arranging the quarters and the daily routine of the patient.

Protection of other members of the family from possible infection and the patient himself from reinfection entails on the part of the nurse a thorough knowledge of the proper disposal of sputum and methods of disinfection, effective in keeping the surroundings of the tuberculous patient free from tubercle bacilli and other germs which, in combination with tubercle bacilli, are responsible for the development of the much dreaded mixed infection.

Arrangement of outdoor quarters for the patient necessitates a familiarity with various methods of utilizing a house, a yard, a porch

or a roof for outdoor treatment of a tuberculous case; it necessitates a knowledge of various types of outdoor balconies, tents, etc.

The management of the daily routine of the consumptive presupposes an exact knowledge of the manifestations of the disease, correct interpretation of its symptoms, indications for absolute rest, proper clothing for the patient, diet, modes of bathing, etc.

The problem of the care of a tuberculous patient is inadequately treated in the curricula of most of the training schools for nurses and in order to obviate this deficiency it may be advisable for those who desire to engage in tuberculosis work, to do post-graduate work in sanatoria, tuberculosis clinics and similar institutions.

The tuberculosis problem can never be solved without coöperation of all classes and agencies of the community. The medical profession, trained nurses included, must be recruited first.

What enormous influence might be extended on society at large if every trained nurse would join heart and soul in the present widespread crusade against the white plague.

The effective management of the campaign against tuberculosis in New York, Boston, Philadelphia, at present in Chicago by the Chicago Tuberculosis Institute and in other large cities would be impossible without the trained nurse on the firing line.

In the crusade against this widespread disease she is bound to become the most effective agent in dissemination of knowledge concerning the disease, its proper management and methods of prevention.

She should and will be the torchbearer of light and the advocate of justice to the neglected consumptive.

